

Mail to:
Dennis R. Downs, Director
Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

Date Entered: _____

2005 SOLID WASTE COMPOST FACILITY ANNUAL REPORT

Administrative Information Please enter all the information requested below.

Calendar or fiscal year of report: _____

If fiscal year, please provide period covered: From _____ To _____

Facility Name: _____

Facility Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

County: _____

Contact's Name: _____ Phone No.: (____) _____

Title: _____

Contact's Mailing Address: _____

Contact's Email Address: _____

Owner

Name: _____ Phone No.: (____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____, State: _____ Zip Code: _____

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.: (____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____, State: _____ Zip Code: _____

Facility Status

☐ Currently in Operation

☐ Closed - Date: _____

(The "Closed - Date" is the date that all compost was removed from the site)

Annual Waste Received

Tons received in reporting period: _____ or cubic yards: _____

Product removed from site during period: _____ Tons or cubic yards

Has facility operated according to approved plan of operation ☐ yes ☐ no

If no please contact the solid waste section at 801-538-6170

Signature: _____ **Date:** _____

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print Name: _____ **Title:** _____